## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

| SERIAL  | NO               |                         |
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| TOTAL<br>IND. |  | 1            |                   | 1                   |                    | I           |
| TOTAL<br>DEP. |  | <u> </u>     |                   |                     |                    |             |
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| CLAUTS          |  | J.S. DEPART | MENT of C    | MMERCE       |              |                                       |

PTO - 1360 (REV. 11/04)

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